## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

**Application or Docket Number** 

09/925527

CLAIMS AS FILED - PART I										—		
			(Column 1) · (Column 2)					SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE	]	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			mi	nus 20=	*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			m	inus 3 =	*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				ŀ	+140=		1 1	. 200	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	+280=	
مراء المال CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	JOH	OTHER	THAN
_			(Colur	nn 2)	(Column 3) SMALL			ENTITY	OR	SMALL		
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 106	Minus	** 11		= —		X\$ 9=	1	OR	X\$18=	
	Independent	* 24 ENTATION OF M	Minus		26 CLANA	= -		X42=		OR	X84=	
	T TILOL	ENTATION OF WI	JUITE DE	PENDENT	CLAIM			+140=		OR	+280=	
				٠			<b>L</b>	TOTAL DIT. FEE			TOTAL ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)	710	)O(1.1 EE)		• ′	NODII. FEC	·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X42=		OR	X84=	
		TATION OF MIC	DETIFEE DEF	ENDENT	CLAIIVI			+140=		OR	+280=	·
							AD	TOTAL DIT. FEE		OR A	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\[\bar{\}\]	X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF ML	Minus	***	01.414.4	=-		X42=		OR	X84=	
1	FINST PRESE	NTATION OF ME	JLIIPLE DEF	ENDENI	CLAIM		<b> </b>	140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR OR	TOTAL	
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THI	S SPACE is	less that	n 3. enter "3."		OIT. FEE L in the app		A	.DDIT. FEE <b>L</b> ımn 1.	